

STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

SEP 25 2006

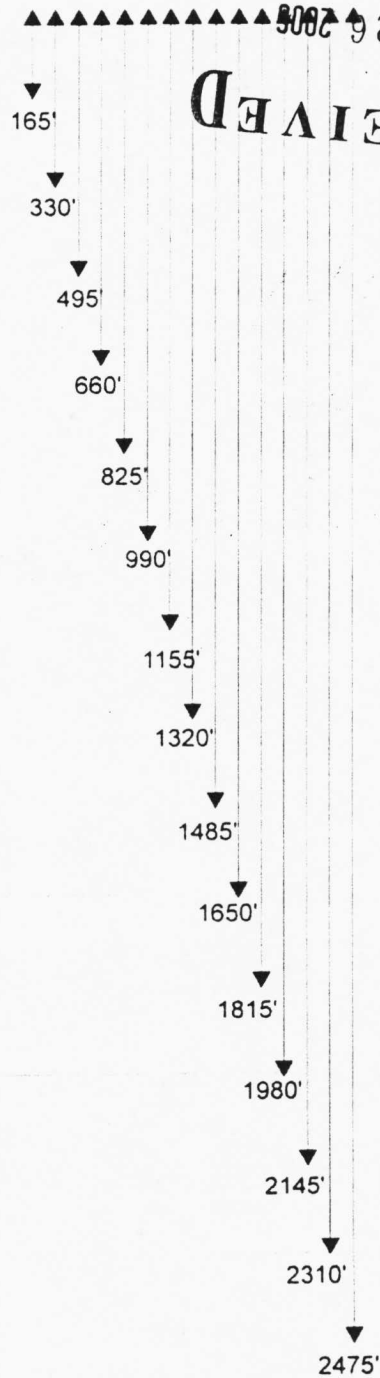
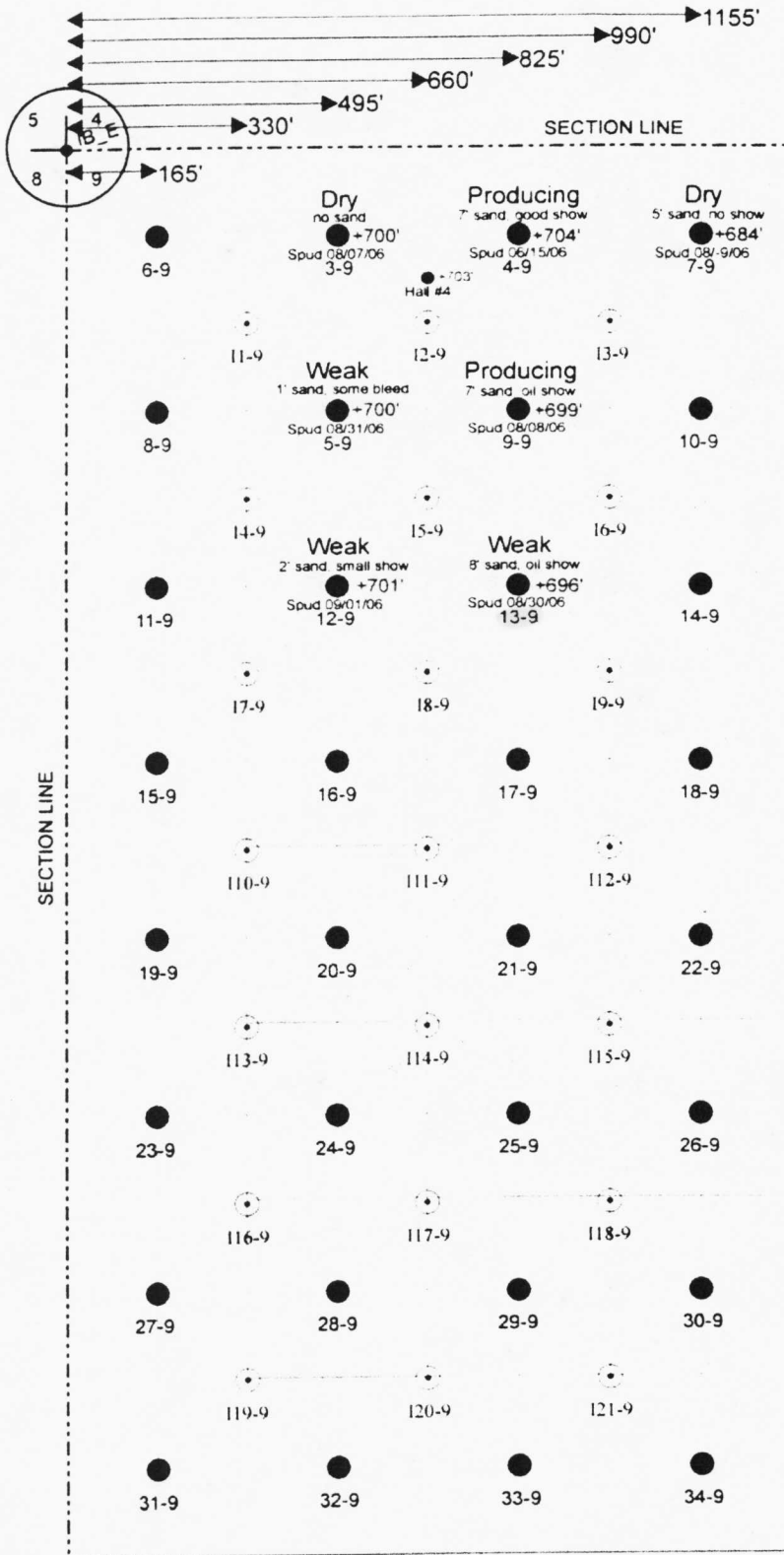
<input checked="" type="checkbox"/> APPLICATION TO DRILL				<input type="checkbox"/> DEEPEN		<input type="checkbox"/> PLUG BACK		<input checked="" type="checkbox"/> FOR AN OIL WELL		<input type="checkbox"/> OR GAS WELL																																	
NAME OF COMPANY OR OPERATOR OSBORN ENERGY, LLC								DATE																																			
ADDRESS 24850 FARLEY						CITY BUCYRUS		STATE KS		ZIP CODE 66013																																	
DESCRIPTION OF WELL AND LEASE																																											
NAME OF LEASE OSBORN						WELL NUMBER 13-9		ELEVATION (GROUND) 950																																			
WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES) 825 ft. from <input checked="" type="checkbox"/> North <input type="checkbox"/> South section line 825 ft. from <input type="checkbox"/> East <input checked="" type="checkbox"/> West section line																																											
WELL LOCATION Sec. 9 Township 43 North Range 33 <input type="checkbox"/> East <input checked="" type="checkbox"/> West						LATITUDE		LONGITUDE		COUNTY CASS																																	
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE 825 FEET																																											
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE 330 FEET																																											
PROPOSED DEPTH 600'		DRILLING CONTRACTOR, NAME AND ADDRESS OSBORN ENERGY, LLC BUCYRUS, KS				ROTARY OR CABLE TOOLS		APPROX. DATE WORK WILL START																																			
NUMBER OF ACRES IN LEASE 4000		NUMBER OF WELLS ON LEASE INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 3																																									
		NUMBER OF ABANDONED WELLS ON LEASE none																																									
IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME _____ ADDRESS _____								NO. OF WELLS PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____																																			
STATUS OF BOND		<input type="checkbox"/> SINGLE WELL AMOUNT \$ _____				<input checked="" type="checkbox"/> BLANKET BOND AMOUNT \$ 34000.00		<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED																																			
REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED)																																											
<table border="1"><thead><tr><th colspan="4">PROPOSED CASING PROGRAM</th><th colspan="4">APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST</th></tr><tr><th>AMOUNT</th><th>SIZE</th><th>WT/FT</th><th>CEMENT</th><th>AMOUNT</th><th>SIZE</th><th>WT/FT</th><th>CEMENT</th></tr></thead><tbody><tr><td>20'</td><td>7"</td><td></td><td>Portland</td><td>20' ✓</td><td>7" ✓</td><td></td><td>Portland to Surface ✓</td></tr><tr><td>600'</td><td>4 1/2"</td><td></td><td>Portland</td><td>600' ✓</td><td>4 1/2" ✓</td><td></td><td>Portland to Surface ✓</td></tr></tbody></table>												PROPOSED CASING PROGRAM				APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST				AMOUNT	SIZE	WT/FT	CEMENT	AMOUNT	SIZE	WT/FT	CEMENT	20'	7"		Portland	20' ✓	7" ✓		Portland to Surface ✓	600'	4 1/2"		Portland	600' ✓	4 1/2" ✓		Portland to Surface ✓
PROPOSED CASING PROGRAM				APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST																																							
AMOUNT	SIZE	WT/FT	CEMENT	AMOUNT	SIZE	WT/FT	CEMENT																																				
20'	7"		Portland	20' ✓	7" ✓		Portland to Surface ✓																																				
600'	4 1/2"		Portland	600' ✓	4 1/2" ✓		Portland to Surface ✓																																				
I, the Undersigned, state that I am the agent of the Osborn Energy, LLC (Company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.																																											
SIGNATURE Mervin S. Pearson								DATE Sept. 19, 2006																																			
PERMIT NUMBER 20767				<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input type="checkbox"/> SAMPLES REQUIRED <input checked="" type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT																																							
APPROVED DATE 10-24-06				<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO REQUIRED IF RUN																																							
APPROVED BY Mervin S. Pearson																																											
NOTE THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION.																																											
APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE																																											
I, _____ of the _____ (Company), confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.																																											
DRILLER'S SIGNATURE Mervin S. Pearson								DATE Sept 19, 2006																																			

MO Oil Field, P.D.

Oil & Gas Council

SEP 26 2006

RECEIVED

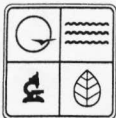


W/2 OF THE NW/4 OF SECTION 9, T43N, R33W

- IB_E IRON BAR W/ALUM CAP EXISTING
- PROPOSED OIL WELL
- PROPOSED INJECTION WELL

 Osborn Energy, LLC

24850 FARLEY STREET
BUCYRUS, KS 66013
ph (913) 533-9900
fax (913) 533-9955



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

RECEIVED FORM OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG MAY 25 2007

☒ NEW WELL ☐ WORKOVER ☐ DEEPEN ☐ PLUG BACK ☐ INJECTION ☐ SAME RESERVOIR ☐ DIFFERENT RESERVOIR ☒ OIL ☐ GAS ☐ DRY

OWNER Osborn Energy, LLC ADDRESS Mo Oil & Gas Council
24850 Farley, Bucyrus, KS 66013

LEASE NAME Osborn WELL NUMBER 13-9

LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY LATITUDE LONGITUDE
Sec. 9 Twp 43 North, Rng 33 ☐ East ☒ West OR 825 ft. from ☒ North ☐ South 825 ft. from ☐ East ☒ West

COUNTY PERMIT NUMBER (OGC-3 OR OGC-31)
Cass 20767

DATE SPUDDED DATE TOTAL DEPTH REACHED DATE COMPLETED READY TO PRODUCE OR INJECT ELEVATION (DF, RKR, RT, OR Gr.) FEET ELEVATION OF CASING HD. FLANGE FEET
8/30/2006 8/30/2006 11/25/2006 960

TOTAL DEPTH PLUG BACK TOTAL DEPTH
300' None

PRODUCING OR INJECTION INTERVAL(S) FOR THIS COMPLETION ROTARY TOOLS USED (INTERVAL) 0 TO 300 CABLE TOOLS USED (INTERVAL)
238-254

WAS THIS WELL DIRECTIONALLY DRILLED? WAS DIRECTIONAL SURVEY MADE? WAS COPY OF DIRECTIONAL SURVEY FILED? DATE FILED
☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No

TYPE OF ELECTRICAL OR OTHER LOGS RUN (JUST LOGS FILED WITH THE STATE GEOLOGIST) DATE FILED
GR/N

CASING RECORD

CASING (REPORT ALL STRINGS SET IN WELL - CONDUCTOR, SURFACE, INTERMEDIATE, PRODUCING, ETC.)

PURPOSE	SIZE HOLE DRILLED	SIZE CASING SET	WEIGHT (LB. FT)	DEPTH SET	SACKS CEMENT	AMOUNT PULLED
surface	9 1/2"	7"	17	20'	6	
production	6 3/4"	2 7/8"	6 1/2	279'	50	

TUBING RECORD

LINER RECORD

SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
INCH	FEET	FEET	INCH	FEET	FEET		FEET

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

NUMBER PER FEET	SIZE AND TYPE	DEPTH INTERVAL	AMOUNT AND KIND OF MATERIAL USED	DEPTH INTERVAL
2	2" DML RTG	238-254	75gal/15%HCL/2000#	238-254

INITIAL PRODUCTION

DATE OF FIRST PRODUCTION OR INJECTION PRODUCING METHOD (INDICATE IF FLOWING, GAS LIFT, OR PUMPING - IF PUMPING, SHOW SIZE AND TYPE OF PUMP.)
11/25/2006 Pumping - 1 1/2" Insert BBL

DATE OF TEST	HOURS TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST	WATER PRODUCED DURING TEST	OIL GRAVITY
	24		2 BBLs	MCF	2 BBLs	API (CORR.)
TUBING PRESSURE	CASING PRESSURE	CALCULATED RATE OF PRODUCTION PER 24 HOURS	OIL	GAS	WATER	GAS OIL RATIO
			2 BBLs	MCF	2 BBLs	

DISPOSITION OF GAS (STATE WHETHER VENTED, USED FOR FUEL OR SOLD)

METHOD OF DISPOSAL OF MUD PIT CONTENTS

LET WATER EVAPORATE AND USE BULLDOZER TO BACKFILL PIT

CERTIFICATE: I, the Undersigned, state that I am the Agent of the OELLC (Company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

DATE May 22, 2007 SIGNATURE [Signature]

WELL# '2nd 300' LEASE NAME Osborn SPUD DATE 6-50-04
 COMPANY Osborn DRILLER Mike RIG TYPE AIR

THICK	FORMATION	RUN TOTAL	COMMENTS	GAS TESTS	JOINTS IN	OUT
20	Surface	20			1	20 51
16	Lime	36			2	40 50
2	Shale	38			3	60 49
2	BLK SLT	40			4	80 48
2	Shale	42			5	100 47
20	Lime	62			6	120 46
3	Shale	65			7	140 45
2	BLK SLT	66			8	160 44
4	Lime	70			9	180 43
3	Shale	73			10	200 42
5	Lime	78	Here 78'		11	220 41
49	Shale	227			12	240 40
1	BLK SLT	228			13	260 39
11	Shale	239			14	280 38
2	Sandy Lime	241			15	300 37
oil 5	SAND	246	oil BROWN			320
3	Sandy Lime	249				340
oil 3	SAND	252	BROWN			360
oil 2	Sandy Lime	254	BROWN			380
29	Shale	283				400
4	Lime	287	Waterhole 52'			420
17	Shale	304				440
2	Lime	306				460
	TD 306'					480
						520
						560
						580
						620
						640
						660
						680
						700
						720
						740

RECEIVED

MAY 25 2007

Mo Oil & Gas Council

Run Pipe To
 Bottom of 79'
 off pipe

13-9

Osborn

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 08841
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-06	6073	Osborn K3-9	9	34	33	Cass Mo
CUSTOMER Osborn Energy						
MAILING ADDRESS 24850 Farley						
CITY Bucyrus						
STATE KS						
ZIP CODE 66003						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			384	Alamad		
			164	Kicarb		
			122	Ken Ham		

JOB TYPE <u>long string</u>	HOLE SIZE <u>6 1/4</u>	HOLE DEPTH <u>310</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>285</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Established rate. Mixed & pumped 100 # gel to flush
hole followed by 51 5x 50/50 p02, 20% gel
Circulated cement to surface. Flushed pump clean.
Pumped 2 1/2 plug to casing TD. Well held 600 PSI.
Closed valve.

Customer supplied water.
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE 164		800.00
5406	1	MILEAGE 164		3.15
5402	285	Casing footage 164		N/A
5407A		ton miles 50 miles 122		113.79
1118B	202#	gel		28.28
1124	50 5x	50/50 p02		442.50
4402	1	2 1/2 plug		20.00
RECEIVED				
MAY 25 2007				
Mo Oil & Gas Council				
6.8%				
SALES TAX				33.37
ESTIMATED TOTAL				1441.09

AUTHORIZATION Watt 209695

TITLE _____
DATE Alan Mader

RECEIVED

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

MAY 25 2007

TICKET NUMBER 41992
FIELD TICKET REF # 29670
LOCATION Thayer
FOREMAN Gary Wikel

Mo Oil & Gas Council TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-30-06		Osborn 13-9	9	43	33	Cass (Mo)
CUSTOMER Osborn Energy LLC						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
293	Scott		
482	Perry		
449	Randy		
455/T95	Danny		

WELL DATA	
CASING SIZE <u>2 3/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>239-54</u>	<u>(34) Wersar</u>

TYPE OF TREATMENT	
<u>Acid Spot / Sand Fracture</u>	
CHEMICALS	
<u>75 15% HCL Acid</u>	<u>Custom Water</u>
	<u>20" Gel</u>
	<u>Biocide</u>
	<u>Non-Emulsifier Emul</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	15				1200	BREAKDOWN 1500
20/40			.25-.5	500	1200-1300	START PRESSURE 1200
12/20			.5-1.5	700	1300-1500	END PRESSURE 2000
5 Clean up						BALL OFF PRESS
5 Balls					1500-2500	ROCK SALT PRESS
12/20			.5-2	800	2500-2000	ISIP 150
Flush	2				2000	5 MIN
Overflush	8				2000	10 MIN
						15 MIN
Totals	85			2000		MIN RATE 13
						MAX RATE 16
						DISPLACEMENT 1.4

REMARKS: Spot acid to pads - breakdown and stage - proceed to fracture

No Pressure Chart

AUTHORIZATION _____ TITLE _____ DATE _____